

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033571

Registration District No.

918

Primary Registration District No.

1003

Registrar's No.

8544

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 29 1963

VS 300
Rev. 4/59

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281207

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **ST LOUIS**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **BETHESDA Hosp.**

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

ILL.

b. COUNTY

c. CITY
OR TOWN **E. ST. LOUIS**

d. STREET ADDRESS (If outside, give location)
321 ELM ST.

Inside Limits
Yes ☐ No ☐

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First **JAMES**

Middle

Last **DE LORENZO**

4. DATE OF DEATH

Month

Day **21**

Year **1963**

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

Widowed ☐

8. DATE OF BIRTH

NOV 20 1890

9. AGE (last birthday)

72

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

11. BIRTHPLACE (City and state of country)

ITALY

12. CITIZEN OF WHAT COUNTRY

U-S-A

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

SHEET METAL

13a. FATHER'S NAME

ANGELO DE LORENZO

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) **YES** (If yes, give war or dates of serv)

16. SOCIAL SECURITY NO.

WWA 1

17. INFORMANT

DOROTHY JANSEN

Address

319 ELM

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute large anterior myocardial infarction

DUE TO (b)

generalized arteriosclerosis

DUE TO (c)

occlusion left renal artery

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

old posterior myocardial infarction 4201

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY.

Hour a.m. p.m. Month, Day, Year

20f. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

march 16 1948

20h. CITY, TOWN, OR LOCATION

8-21-63

COUNTY

8-21-63

STATE

21. I attended the deceased from

Death occurred at **10:45 A** on the date stated above, and to the best of my knowledge, from the causes stated.

21b. to

8-21-63

21c. and last saw him alive on

8-21-63

22a. SIGNATURE

Dominic J. Verda

(Degree or title)

M.D.

22b. ADDRESS

4500 Olive St. Bldg

22c. DATE SIGNED

8-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

AUG 24 63

23c. NAME OF CEMETERY OR CREMATORY

CALVARY CEM

23d. LOCATION (City, town, or county)

ST LOUIS

24. FUNERAL DIRECTOR

Thomas Lutes

ADDRESS

2906 Gravois

25. DATE RECD. BY LOCAL REG.

AUG 23 1963

26. REGISTRAR'S SIGNATURE

Roan Smith. M.D.

4500 Olive
F 07-8400

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4841

P. O. Address

St. Louis 19, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.